



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. FRANCIS HEALTH (MOORESVILLE)

City of Hospital: MOORESVILLE

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$119756220	Contractual Allowance	\$167191887
Outpatient Patient Service Revenue	\$163351720	Other Deductions	\$5912594
Total Gross Patient Service Revenue	\$283107940	Total Deductions	\$173104481

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$110003459
Other Operating Revenue	\$6966007
Total Operating Revenue	\$116969466

4. Operating Expenses

Salaries and Wages	\$22873156	Employee Benefits	\$5069058
Depreciation and Amortization	\$4325105	Interest Expense	\$2793454
Bad Debt	\$3738930	Other Expenses	\$54075421
Total Operating Expenses	\$92875124		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$24094342	Total Assets	\$92472825
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-6834314
Total Net Gains	\$24094342		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$118352821	\$95498526	\$22854295
Medicaid	\$29383583	\$19220507	\$10163076
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$135371536	\$58385448	\$76986088
Total	\$283107940	\$173104481	\$110003459

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$190010	\$-190010

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3471335	
HCI Payments	\$0		
Subtotal	\$0	\$3471335	\$-3471335
Medicaid Shortfalls	\$10726122	\$12699721	
Subtotal	\$10726122	\$16171056	\$-5444934
DSH Payments	\$0		
Subtotal	\$10726122	\$16171056	\$-5444934
Medicare Shortfalls	\$31333973	\$44239157	
Other Government Programs	\$0	\$0	
Total	\$42060095	\$60410213	\$-18350118

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$9933218	\$9991049	\$-57831